

Addressing Cancer Health Disparities in Arizona

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Committee



Committee History and Purpose

- New committee of the AZCCC
- Disparity related issues were continually addressed in each section during the writing of the plan
- Decision to add dedicated section to highlight importance of the
- **Purpose:** to recommend additional objectives and/or strategies relating to disparities
- Initial focus will be to recruit and expand membership



Meeting Objectives

- Review existing cancer health disparities in Arizona
- Review AZ cancer plan disparity objectives
- Review examples from other states
- Assign tasks for committee members
- Develop meeting timeline & schedule



Cancer Disparities Definition

Differences in the incidence, prevalence, mortality, & burden of cancer that exists among specific populations that may be characterized by gender, age, education, income, ethnicity, social class, disability, sexual orientation, or geographic location.



Special Populations

- IOM report refers collectively to ethnic & medically underserved groups
- Ethnicity broadly defined by features causing identification with one group such as common language, religion, ancestry, etc.
- Medically underserved cuts across ethnic groups to refer to individuals with insufficient or no health insurance, little education, live in rural or inner-city areas, unemployed, low SES.



Disparities in Prevention

Tobacco Use

- Males more likely to be smokers
- 30% of smokers are age 18-24
- About 1/3 categorized in “Other” category (including Native American, Asian/Pacific Islander)
- 22% smokers age 25+ do not have high school diploma



Disparities in Prevention

Overweight/Obesity

- Almost 80% obese Arizonans are from a minority population
- 28.5% African Americans are obese; 22.3% Hispanics; 16.9% White; 15.6% “Other”
- 46% African Americans overweight

Disparities in Early Detection

Breast Cancer

- African American & Native American women most likely to be diagnosed with late stage breast cancer
- Women without health insurance least likely to be screened
- All minority groups have lower screening rates than Whites



Disparities in Early Detection

Colorectal Cancer

- Screening significantly lowest among African Americans and Hispanics
- Women have lower screening rates than men
- Screening rates are drastically lower for those with no health insurance
- Screening rates lower for those age 50-64 than those 65+



Disparities in Cancer Incidence

- Men have higher incidence rates than women
- Hispanic women have highest cervical cancer incidence
- African American men have highest prostate cancer incidence of any race
- Lung cancer incidence highest among males
- Melanoma incidence highest among Whites



Disparities in Cancer Mortality

- Men have higher mortality rates than women
- African American men have prostate cancer mortality rate almost triple that of White & Hispanic men
- Native Americans have poorer survival rates than Whites
- Leading cancers deaths for Native Americans include those difficult to detect early (stomach, liver, etc.)
- African Americans have highest mortality rate of all races



Geographic Disparities

- Mohave County has highest overall cancer incidence rate; followed by Maricopa and Yavapai Counties
- Gila County has highest cancer mortality rate; followed by Greenlee, Yavapai, and Mohave Counties



Socioeconomic Disparities

- Hispanics and American Indians are most likely to be uninsured compared to Whites
- Almost 14% of population lives below the poverty level; ranked 13th nationally for those living below the federal poverty level
- Nearly 150,000 are unemployed
- About 11% of adults 25+ do not have a high school diploma



AZ Disparities Goals & Objectives

Goal: Reduce disparities among Arizonans

- By Fall 2005, create committee/workgroup
- By 2006, conduct cultural diversity training
- Increase public awareness about cancer disparities
- Strengthen data, surveillance, research as relates to diverse populations
- Increase provider education & training initiatives offered to healthcare related students/residents



Disparities in Comprehensive Cancer Control

How Are States Addressing
Disparities in State Cancer
Plans?



Colorado State Cancer Plan

Objectives:

- Increase public & professional awareness about cancer disparities
 - Includes developing and disseminating core competencies for cultural competence for healthcare professionals
- Expand culturally relevant, audience-specific education, outreach, services
- Develop strategies to address patient access barriers related to cancer care
 - Includes patient navigation and community health workers



Colorado State Cancer Plan

- Develop systems/infrastructure to support delivery of services to underserved communities
- Foster the development of minority researchers and healthcare providers
- Develop, implement, evaluate public education initiatives to address known carcinogenic environmental factors of high priority
- Foster development of community-driven, -based participatory research on disparities in quality healthcare



Other States

- Most have incorporated disparities issues into each section of the plan
- Plans set for revision, or currently in revision, will likely include sections on disparities (Ex: New Mexico)
- Most, if not all, include diversity training or education of some kind as a strategy

